

**MULTIPLE PENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

*Dr Booker*  
*10559637*

FILING DATE

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1			/			
2			/			
3			/			
4			/			
5			/			
6			/			
7			/			
8			/			
9			/			
10			/			
11			/			
12			/			
13			/			
14			/			
15			/			
16			/			
17			/			
18			/			
19			/			
20			/			
21			/			
22			/			
23			/			
24			/			
25			/			
26			/			
27			/			
28			/			
29			/			
30			/			
31			/			
32			/			
33			/			
34			/			
35			/			
36			/			
37			/			
38			/			
39			/			
40			/			
41			/			
42			/			
43			/			
44			/			
45			/			
46			/			
47			/			
48			/			
49			/			
50			/			
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
52			/			
53			/			
54			/			
55			/			
56			/			
57			/			
58			/			
59			/			
60			/			
61			/			
62			/			
63			/			
64			/			
65			/			
66			/			
67			/			
68			/			
69			/			
70			/			
71			/			
72			/			
73			/			
74			/			
75			/			
76			/			
77			/			
78			/			
79			/			
80			/			
81			/			
82			/			
83			/			
84			/			
85			/			
86			/			
87			/			
88			/			
89			/			
90			/			
91			/			
92			/			
93			/			
94			/			
95			/			
96			/			
97			/			
98			/			
99			/			
100			/			
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						